

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110060-0
BLG VOUCHER FOR PURCHASES OF
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 390

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1398

To _____
(Payee)

PAID BY

SAPC 9018
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				2,174.44	✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 2,174.44 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date _____

Amount verified; correct for
(Signature or initials) *[Signature]*

2174 44

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Date _____

SEP 19 1956

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____, Payee _____ } favor of payee named above.

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* When a voucher is signed by a person other than the payee, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

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ACCOUNTS PAID

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C. E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR						ACCOUNT	M.J.O.	S. O.	WORK ORDER	
25	20	20	08	09	6	51265	E A LIPPS	517739	23456	5	12700	5033			7787 7787 7787 7787

Total a/c 8/12/66